

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/671,859
		Filing Date	September 26, 2003
		First Named Inventor	Michael E. O'Donnell
		Group Art Unit	1652
		Examiner Name	Richard G. Hutson
Total Number of Pages in This Submission	4	Attorney Docket Number	22221/1120 (RU-339)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Declaration <input checked="" type="checkbox"/> Extension of Time Request (1 months) (\$120.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>		
<p>Remarks</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the above fee as well as any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Signature	/Edwin V. Merkel/ Registration No. 40,087
Date	May 3, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]